



Pee-Wee Outdoor Lacrosse Clinic

Expose your "Little Warrior" to America's first and fastest growing sport. These four sessions are designed to teach boys and girls the fundamentals of this fast-paced and exciting game. This is a non-contact program and no equipment is necessary. In addition, this program also stresses the importance of teamwork and good sportsmanship.

For: Bridgewater-Raritan Residents – **Boys** ages 4 years old to 1st grade. **Girls** ages 4 years old to 2nd grade. Boys and girls play together.

When: Saturdays, September 16, 30, and October 7 & 14, 2006 from 4:00 to 5:00pm
In case of inclement weather, the makeup date will be October 21, 2006

Where: John Basilone Memorial Field (Turf)

Cost: \$40.00 Bridgewater-Raritan resident participants who need to purchase a lacrosse stick or \$30.00 for participants who already own a stick. Checks made payable to "Bridgewater Lacrosse Inc."

For more information contact M.G. Hollingsworth at (732) 764-8896 or check out our website at: www.bridgewaterlacrosse.com.

⇒ **Registration Deadline:** Monday, August 21, 2006 ⇐
by 5:00pm at the Recreation Department

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday www.bridgewaternj.gov

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2006 Fall Outdoor Pee-Wee Lacrosse Clinic

\$40.00 Bridgewater-Raritan Residents need stick or \$30.00 don't need stick checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____ First Name: _____ Circle _____ Gender: _____
Male or Female _____
Mailing Address: _____ Town: _____ Zip: _____
Home Phone #: () _____ Parent Cell #: () _____
Parent's First & Last Name: _____ Parent's Work #: () _____
Parent's E-mail Address: _____ Child's Date of Birth: ____/____/____ Child's Age as of 9/16/06: ____ Current Grade as of Sept. 2006: ____

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date

